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CONFIRMATION NO. 8757

<b>SERIAL NUMBER</b> 10/086,753	<b>FILING OR 371(c) DATE</b> 03/01/2002 <b>RULE</b>	<b>CLASS</b> 606	<b>GROUP ART UNIT</b> 3731	<b>ATTORNEY DOCKET NO.</b> ARVI-001	
<b>APPLICANTS</b> SUNDARAM RAVIKUMAR, BRIARCLIFF MANOR, NY; <b>** CONTINUING DATA *****</b> <b>** FOREIGN APPLICATIONS *****</b> <b>IF REQUIRED, FOREIGN FILING LICENSE GRANTED** SMALL ENTITY **</b> <b>** 03/28/2002</b>					
Foreign Priority claimed <input type="checkbox"/> yes <input type="checkbox"/> no 35 USC 119 (a-d) conditions met <input type="checkbox"/> yes <input type="checkbox"/> no <input type="checkbox"/> Met after Allowance Verified and Acknowledged _____ Examiner's Signature _____ Initials _____		<b>STATE OR COUNTRY</b> NY	<b>SHEETS DRAWING</b> 5	<b>TOTAL CLAIMS</b> 13	<b>INDEPENDENT CLAIMS</b> 3
<b>ADDRESS</b> DAVID P GORDON GORDON AND JACOBSON P.C. 65 WOODS END ROAD STAMFORD, CT06905					
<b>TITLE</b> BLOOD VESSEL OCCLUSION DEVICE					
<b>FILING FEE RECEIVED</b> 395	FEES: Authority has been given in Paper No. _____ to charge/credit DEPOSIT ACCOUNT No. _____ for following:		<input type="checkbox"/> All Fees <input type="checkbox"/> 1.16 Fees ( Filing ) <input type="checkbox"/> 1.17 Fees ( Processing Ext. of time ) <input type="checkbox"/> 1.18 Fees ( Issue ) <input type="checkbox"/> Other _____ <input type="checkbox"/> Credit		